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ABSTRACT

Work and family form a core relationship in people's lives and many individuals struggle to balance these responsibilities. To explore this balance, some of the issues surrounding attitudes toward gender equality and work-family commitment as related to medical students, are examined in this report. The research focused on patterns of commitment to work and family among 271 medical students in an accelerated, six-year medical training program. The students' attitudes toward feminism and the women's movement were examined, as well as the extent to which commitment to work, commitment to family, and attitudes toward feminism and the women's movement interrelate. Results of the study revealed significant class rank differences in measures of work and family commitment, suggesting that third-year medical students were more committed to home and family than were students in lower ranks. A significant sex difference in scores on a measure of gender-role attitudes was also found, indicating that female medical students feel more positively than males about gains in equal rights made by the women's movement. Overall, the findings indicate that the students in the study felt committed both to career and family. (RJM)

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Career Salience and Gender-Role Attitudes in Medical Students

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Abstract

This research examined patterns of work and family commitment and gender-role attitudes in a cross-sectional sample of 271 medical students. Significant class rank differences in scores on a measure of work and family commitment indicated higher commitment to home and family among third-year medical students than among students in lower ranks. A significant sex difference in scores on a measure of gender-role attitudes indicated that female medical students feel more positively than males about gains in equal rights made by the women's movement. Overall, the findings indicate that medical students in an accelerated, six-year B.S./M.D. training program feel committed to career and family. They also appear to feel positively about gains in equal rights made by the women's movement. Practical and research implications are discussed.

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Career Salience and Gender-Role Attitudes in Medical Students

Work and family form a core relationship in people's lives yet many individuals struggle to balance the often competing role demands of these intertwined life dramas (Fouad & Tinsley, 1997; Goldsmith, 1990; Rohrlich, 1980; Stoltz-Loike, 1992). Achieving career-family balance in part requires a great deal of commitment. For individuals enrolled in academic and professional training programs, sustaining commitments to both work and family may prove difficult. For example, the rigors of medical training demand that medical students dedicate themselves highly to their academic and career pursuits in order to succeed in medical school and eventually in their careers as physicians. Such ostensibly high commitment to work among medical students may have a dampening effect on their levels of commitment to home and family life roles (e.g., parent and partner or spouse).

For women, balancing both work and family role commitments may pose an even greater challenge than for men in United States society. In asserting this point, Wear (1994) noted that "[w]omen (in medical training) continue to question how they can have full and meaningful family lives and satisfying, fulfilling careers -- concerns I have rarely seen male medical students ponder" (p. 46). Such apparent questioning by female medical students likely reflects the continuing primacy of child-rearing and homemaking roles for women in U.S. society despite supposed movement toward sex-role equality at home and in the workplace (Fitzgerald, Fassinger, & Betz, 1995; Piel-Cook, 1993). Some empirical research suggests that women and men do indeed differ in terms of the extent to which they commit themselves to career and family. For example, Farmer (1985) noted that women with high homemaking and family commitment tend to have low career commitment, whereas for men high career commitment and high family commitment may coexist.

Gender Equality and Work-Family Commitment

Holding attitudes that support gender equality has been found to relate positively to career development in women. Specifically, some studies indicate that liberal gender role attitudes significantly predict nontraditional vocational choices and lifestyle plans in female college and high school students (Fassinger, 1985, 1990; O'Brien & Fassinger, 1993). Attitudes supporting feminism and gender equity have also been found to significantly predict work-role commitment in female graduate students (Farber, 1994). Such studies prompt the question of whether and how maintaining attitudes that support feminist principles and the women's movement relates to levels of commitment to work and family roles. This question deals with the issue of whether career and family commitment can coexist. Examining this relationship could contribute to

understanding potential linkages between (a) the extent to which one commits to work and family roles and (b) feelings about feminism and the women's movement as a means of realizing gender equity.

Purpose of the Study

Aimed at addressing these issues surrounding attitudes toward work-family roles and the women's movement, the present investigation served three purposes. First, we sought to directly examine patterns of commitment to work and family among medical students in an accelerated, six-year medical training program. Students in such a program commit to their career choices early in life, entering a dual-degree, B.S./M.D. program upon graduating from high school. They might thus be expected to show high levels of commitment to work and career with perhaps less commitment to home and family roles. This first purpose concerned determining if these medical students show levels of career and family commitment similar to those found in other studies that have typically used high school or non-medical college student samples. Second, we examined these medical students' attitudes toward feminism and the women's movement. This purpose involved determining whether identifiable patterns would emerge in their feelings about feminism and the women's movement as a vehicle for gaining personal, political, and economic power for women. Third, we investigated the extent to which commitment to work, commitment to family, and attitudes toward feminism and the women's movement interrelate. Three primary questions guided the investigation:

1. Do significant gender and class rank differences in levels of commitment to work and family and in attitudes toward feminism and the women's movement, as measured by inventories, exist in medical students enrolled in a B.S./M.D. program?
2. Among these medical students, how does level of career commitment relate to level of home and family commitment as measured by an inventory? Research indicates (Farmer, 1985), and some writers (e.g., Piel-Cook, 1993; Wear, 1994) contend, that work and family commitment often do not coexist for women, whereas men may commit themselves simultaneously to work and to family. The present research sought to explore this issue.
3. What relationship, if any, exists between attitudes toward feminism and the women's movement and commitment to work and commitment to family?

In sum, the present study investigated role salience and gender-role attitudes to determine whether significant gender and class rank differences exist among medical students in (a) levels of commitment to work and family and (b) attitudes about gender roles.

Method

Participants

A total of 284 undergraduate medical students in an accelerated, six-year, combined B.S./M.D. program at a midwestern medical school participated in the study. Thirteen participants did not complete a demographic questionnaire about their gender, ethnicity, and class rank. Useable data therefore resulted for 271 students (126 females, 145 males). Participants ranged in age from 18 to 41 years (M = 22.7 years). First-year medical (M1) students comprised 28% of the sample, 31% were second-year (M2) students, 28% were in their third year (M3), and 13% were in their fourth year (M4). Anglo Americans (51%) and Asian Americans (41%) comprised the sample majority, with fewer African Americans (4%), Hispanic Americans (1%), and others (3%). Most participants (80%) identified the United States as their birthplace, with slightly less than half (49%) indicating their parents' birthplace as outside the U.S.A. Sixty-nine percent of participants described their community of origin as suburban, whereas fewer came from rural (23%) or urban (8%) communities.

Measures

Salience Inventory. The Commitment Scale of the Salience Inventory (SI; Super & Nevill, 1986) operationally defined levels of commitment to work (CW) and commitment to home and family (CH). Containing five subscales of ten items each, the 50-item Commitment Scale measures attitudes toward, or how a respondent feels about, the life roles of student, worker, citizen, homemaker (including spouse and parent), and leisurite. Respondents indicate on a 4-point scale their responses to statements such as "I would like to be active for many years in working" and "I really am committed to being active in home and family." Only data from the 20 items of the CW and CH subscales were used in the present study. Scores range from 10 to 40 with higher scores indicating higher levels of commitment to the corresponding role.

Based on a college student sample, the SI manual reports test-retest correlation coefficients of .68 for CW and .69 for CH (Nevill & Super, 1986). The manual also reports alpha coefficients based on college student and adult samples, respectively, of .82 and .92 for CW, and .91 and .90 for CH. The present sample produced alpha coefficients of .90 (CW) and .92 (CH). A literature review on the SI provides extensive evidence for its reliablity and validity (Niles & Goodnough, 1996).

Attitudes Toward Feminism and the Women's Movement Scale. The 10-item Attitudes Toward Feminism and the Women's Movement (FWM) Scale (Fassinger, 1994) operationally defined gender-role attitudes. Fassinger noted that the FWM intentionally is "nonspecific as to type of feminism...because it is assumed that affective reactions to feminism can be largely independent of cognitive knowledge of philosophical or political principles" (p. 391). Using a summated, five-point rating (Likert) scale, respondents indicate the extent to which they agree or disagree with each statement (e.g., "The women's movement has made important gains in equal rights and political power for women"). A total score results from summing all item scores, with four items (numbers 2, 3, 6, and 10) reverse scored. Scores range from 10 to 50. Higher scores indicate more favorable attitudes toward, or subjective feelings about feminism and the women's movement.

A test-retest reliability coefficient of .81 for two weeks based on 50 college women has been reported (Enns, 1987). In a sample of undergraduate psychology students, Cronbach's alpha coefficients reached .86 for women, .89 for men, and .89 total (Fassinger, 1994). The total sample in the present study produced an alpha of .84 (.74 for females, .86 for males). Fassinger provided preliminary evidence for the validity of using the FWM to measure attitudes about feminism and the women's movement.

Procedure

Potential participants first read and signed an informed consent form. This form explained the nature and purpose of the study and described what participants' involvement in the study would entail. Volunteers responded to a nine-item demographic questionnaire and the two measures in group settings at the beginning of the 1995-96 academic year. Completing all measures required approximately 15 minutes. Participating in the study was not in any way linked to course credit. Students were expressly told that they would not incur any penalty if they chose not to participate.

Results

Table 1 presents the total sample descriptive statistics and correlation matrix for the three dependent variables. On the commitment measures, the sample produced total mean scores (out of 40) of 35.08 on CW and 37.99 on CH as compared to a college student sample who scored 32.74 (CW) and 34.25 (CH) (Nevill & Super, 1986). These scores suggest a very high level of commitment to work in the present sample, and an even higher level of commitment to family. The present sample also produced a total mean FWM score of 33.02 (out of 50).

Taking a conservative approach, we cast all three variables into a MANOVA framework although the correlation coefficient between FWM and CW (r = .15) only approached significance at the conventional .05 level. The multivariate interaction term for sex and rank was nonsignificant (Pillai's Trace = .049, $F(9, 789) = 1.45$, $p = .1625$). MANOVA results for rank and sex were significant [Pillai's Trace = .09, $F(9, 789) = 2.72$, $p < .004$; and Pillai's Trace =

.104, $F(9, 789) = 10.09$, $p < .0001$, respectively]. Follow-up ANOVA results proved significant for sex only on FWM [$F(1, 263) = 29.9$, $p < .001$] with women scoring significantly higher ($N = 126$; $\underline{M} = 34.71$; $SD = 4.43$) than men ($N = 145$; $\underline{M} = 30.95$; $SD = 5.65$). No significant difference as a function of class rank emerged for FWM.

Insert Table 1 About Here

Class rank differences were significant for CW and CH with $F(3, 263) = 2.71$; $p < .05$ and $F(3, 263) = 4.55$; $p < .01$, respectively. Post hoc analyses of CW using Tukey's HSD test at the .05 level did not reach significance as a function of class rank. Post hoc analyses of CH by class rank, however, revealed significant differences at the .05 level between M1s ($N = 75$; $\underline{M} = 36.2$; $SD = 4.92$), M2s ($N = 86$; $\underline{M} = 37.98$; $SD = 3.11$), and M3s ($N = 75$; $\underline{M} = 38.10$). The non-significant comparison between M1s and M4s ($N = 35$; $\underline{M} = 38.03$; $SD = 2.83$) may reflect an issue of power since the M1 sample size exceeded twice that of the M4 group.

Discussion

The present research set out to examine medical students' levels of work and home and family commitment relative to their attitudes toward feminism and the women's movement. The high overall mean scores on both the work and home and family subscales of the Commitment Scale indicate that these medical students feel very invested in both their work and family roles. Coupled with the significant overall positive correlation between CW and CH ($r = .42$), these data support the ability of female and male medical students in a fast-paced, high-pressure, medical training program to simultaneously commit to work and family roles. This finding differs from previous research (Farmer, 1985) and observations (Piel-Cook, 1993; Wear, 1994) about women's difficulty to balance work and family roles. It does not, however, address how much they actually participate in such roles. Future research should thus examine whether differences exist between scores on a measure of role commitment (i.e., attitudinal investment in roles) and scores on a measure of role participation (i.e., behavioral involvement in roles).

Mean CH scores increased slightly from M1 to M2 and peaked in M3. It may be that emotional investment in home and family roles deepens with age and advanced training but then levels off or declines slightly with increasing demands on time and energy in year four (e.g., stress of making residency choices). Further study using a longitudinal design might help clarify whether this finding reflects a developmental pattern or is peculiar to the present sample.

Overall, these medical students expressed moderately positive feelings about the women's movement as evidenced in their mean FWM score of 32.70. This finding counters supposed backlashes of negativism toward feminism and the women's movement (Faludi, 1991). That female medical students scored significantly higher than males on FWM suggests further that female medical students especially appreciate gains made by the women's movement.

The present sample represents a unique medical student population subgroup. Caution should be taken in generalizing the findings to medical students in traditional four-year training programs who might differ from the present sample in age and development. Using self-report instruments to tap attitudes also raises questions of social desirability effects particularly with the FWM scale (Fassinger, 1994). Generally, the results of the present study indicate that medical students in an accelerated training program feel committed to career and family, and feel positively about gains in equal rights made by the women's movement.

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Table 1

Correlational Data and Descriptive Statistics for the Three Measures

	FWM	CW	CH	Alpha	M	SD
FWM		.15*	.02**	.80	32.70	5.44
CW			.42***	.89	34.76	4.63
CH				.90	37.53	3.75

Note. CW = Commitment to Work scale of the Salience Inventory; CH = Commitment to Home scale of the Salience Inventory; FWM = Attitudes Toward Feminism and the Women's Movement Scale.

*p = .0155

** = ns

***p = .0001